AN ASSESSMENT OF THE HIV/AIDS/STD SITUATION IN UKRAINE

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Confidentiality of Data

A number of individuals mentioned in this report kindly provided unpublished data to the assessment team to help in our understanding of the HIV/STD situation in Ukraine. Data in this report should be considered confidential, and were provided only for the purpose of this assessment. These data should not be reproduced, presented or published in any other context outside this assessment report.
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>ELISA</td>
<td>Enzyme Linked Immunosorbent Assay</td>
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<td>CSWs</td>
<td>Commercial Sex Workers</td>
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<td>HIV</td>
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<td>Information, Education and Communication</td>
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<td>IDU</td>
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<td>NGO</td>
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<td>PATH</td>
<td>Program for Appropriate Technology in Health</td>
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<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>TB</td>
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<td>UN</td>
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<td>UNAIDS</td>
<td>United Nations Programme on HIV/AIDS</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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Executive Summary

The purpose of this consultation was to evaluate the current HIV/AIDS and STD situation in Ukraine, assess current prevention activities, and make recommendations concerning future areas of USAID involvement. During November 2-15, 1997 two consultants conducted interviews in Kiev, the Odessa Oblast (Odessa City and Belgorod-Dnestrovsky Rayon); and Crimea Oblast (Simferopol City). Documents were reviewed and additional information was supplied by the local USAID Health Program Coordinator.

The team concluded that a major and explosive epidemic of HIV is currently taking place in Ukraine. According to a national report, there are over 20,000 HIV-infected people in Ukraine; this number is likely to be considerably higher. From 1995 to 1996 alone, the number of Ukrainians who were identified as HIV-infected increased more than seven-fold. From 1994 to 1996, the number of reported cases of HIV infection in the Odessa Oblast increased more than 100 times, from less than 10 cases a year before 1995 to a total of 2,254 cases by the end of 1996.

The greatest proportion of HIV-positive persons has been among injection drug users (IDUs). In Crimea (with over 2,000 cases of HIV infection), 70% of all HIV-infected persons were IDUs, who may have become infected through a number of mechanisms including blood contaminated needles, syringes and drug. Rates of infection among IDUs are increasing rapidly and reaching high rates (15% or above) in a number of areas. Although most concentrated in the south, HIV (including HIV among IDUs) is geographically spreading to affect the entire country. The number of IDUs is also growing throughout the country. Approximately 65,000 IDUs are known to authorities in Ukraine, and the actual number of IDUs may be 4 to 10 times higher.

In addition to being a major problem on its own, the IDU HIV epidemic has a major role in fueling the heterosexual and perinatal HIV epidemics. Heterosexual transmission through sexual intercourse is already occurring and can be expected to increase. Populations at particular risk include sexual partners of IDUs and commercial sex workers (who may be IDUs or sex partners of IDUs). A more than 14-fold increase in rates of syphilis between 1991 and 1996 supports the
existence of high rates of sexual activity. In addition to facilitating sexual transmission of HIV, the STD epidemic presents serious health problems in its own right. With increasing numbers of HIV infected women, the numbers of HIV infected children will also grow.

High risk sexual and drug use behaviors often start in early adolescence, and there is evidence of increasing risky behavior. The rate of syphilis among 15-17 year old females, for example, increased from 26 cases per 100,000 population in 1991 to 316 cases per 100,000 population in 1996. In one survey of Odessa IDUs, over half (58%) were 25 years of age or younger.

Although government officials have identified HIV/AIDS as an important problem, most of the actual prevention activities that are conducted are done by non-governmental organizations and other community-based organizations. Although a number of NGOs have received support from United Nations and other donor agencies, most NGOs operate with limited resources, a precarious funding situation, and considerable needs.

The team reached eight major conclusions.

1. There is already a major epidemic of HIV in Ukraine. Although currently largely confined to certain high risk groups, particularly IDUs, there is considerable likelihood of expansion.

2. The current and future epidemic of HIV threatens to involve all other sectors of social and economic life.

3. There is currently little expertise in HIV prevention or care in Ukraine, although there is considerable interest in developing such expertise.

4. Prevention and surveillance efforts in Ukraine have been characterized by an overemphasis on HIV testing.

5. There is a general lack of resources for HIV/STD prevention and management.

6. Although there is interest in prevention of HIV/STDs, the number of prevention activities actually supported by government officials in Ukraine is limited.

7. The Ukrainian health sector (including public health) is characterized by duplication and compartmentalization, with limited integration of programs.
8. Non-governmental organizations provide valuable contributions to HIV and STD prevention in Ukraine.

The team also developed eight major recommendations for USAID involvement. In all of these recommendations, it is essential that there be a full partnership between outside consultants and Ukrainians. With the assistance of the local USAID Mission, key individuals in Ukraine should be included in both the planning and implementation phases. Although all recommendations are important, we felt that #1 and #2 were the most critical, followed by #3:

1. USAID should develop and support harm reduction activities in the Ukraine for injection drug users. This includes the need for research as well as support for NGOs and other organizations conducting harm reduction activities.

2. USAID should support a review of the current surveillance system for HIV/AIDS in Ukraine.

3. USAID should develop and support activities in the Ukraine to help youth from initiating high-risk sexual and drug use behaviors. This includes both research (including behavioral research) and support for NGOs and other organizations conducting innovative prevention activities.

4. USAID should promote different mechanisms of information transfer to link Ukraine with current knowledge and expertise related to HIV/STD prevention and management.

5. USAID should support the activities of NGOs that have taken a leadership position in HIV/STD prevention.

6. USAID should support efforts to optimize and provide standard guidelines for STD diagnosis and treatment.

7. USAID should support behavioral research in Ukraine, including research on at-risk populations, such as injection drug users and adolescents.

8. USAID should support efforts to prevent development of selected opportunistic infections in HIV-infected patients.
As described throughout this report, we believe that the situation in Ukraine is quite alarming. Rates of HIV are escalating rapidly, and threaten all aspects of development. The time to intervene is now.
I. Methodology

A team of two consultants with expertise in HIV/AIDS visited Ukraine between November 2 and November 15, 1997. Team members were Alan Lifson, MD, MPH (Team Leader) and Elizabeth Preble, MPH. Specific issues included in the scope of work were:

1. Current epidemiology of HIV/AIDS, syphilis, and other STDs; reliability and validity of data; present vs. future HIV trends

2. Diagnostic and treatment procedures of HIV/AIDS and STDs

3. HIV/AIDS prevention/intervention systems; Ministry of Health interests and resources towards HIV/AIDS prevention; appropriateness of current strategies given the epidemiology of the infection, including identification of barriers to an effective HIV/AIDS prevention strategy (e.g., ethnicity issues, marginalized populations)

4. HIV/AIDS country strategies--does the government have a long-term strategy? If so, is it appropriate, is it reaching marginalized populations at risk?

5. Condom availability and promotion--is the environment amenable to social marketing or behavior change initiatives?

6. Other donor and organizational inputs into the HIV/STD situation.
Given the wide range of this scope of work, the team decided (based on briefings and consultation with USAID officials in Washington and Kiev) to focus on assessing the current status of the HIV/STD epidemic, characterizing current prevention efforts, and making recommendations concerning areas for future USAID support. Because a recent analysis by Dr. Françoise Hamers of the European Center for Epidemiologic Monitoring of AIDS provided an extensive and outstanding review of national HIV/AIDS surveillance data through November 1996, the team decided that the epidemiologic assessment would focus on describing populations at risk and potential patterns of HIV transmission, including those patterns that were felt to contribute to the greatest burden of infection. In addition, there were other assessment teams in Ukraine during approximately the same time as this team. These teams were charged with evaluating strategies for increased supply and distribution of contraceptive methods, and for gathering information on the potential for socially marketing condoms and other commodities. In evaluating current prevention strategies, the HIV/STD assessment team therefore decided that rather than focusing specifically on condom promotion, it would focus on characterizing the entire scope of prevention activities.

During the visit, the team conducted interviews in Kiev, the Odessa Oblast (Odessa City and Belgorod-Dnestrovsky Rayon); and Crimea Oblast (Simferopol City). (See Annex A for a list of persons interviewed.) The Odessa and Crimea regions were selected because of their high HIV/AIDS rates and the presence of active HIV/AIDS programs. Data collected by Alina Yurova, Health Program Coordinator in the regional USAID Office concerning the Donetsk Oblast is also included in this report. Interviews were conducted with government officials, clinicians, non-governmental program officials, representatives of donor agencies, and other persons with relevant information or expertise. Observations were made at a number of field sites, including AIDS hospitals and outreach programs for high-risk groups. Documents made available to the team or collected as part of this assessment were also reviewed (see Annex B).

Based on this evaluation, specific conclusions concerning the current HIV/AIDS/STD situation and prevention strategies in Ukraine were made. This report also indicates specific recommendations for USAID involvement to help control these serious and potentially devastating epidemics.
II. Epidemiology of HIV/AIDS in Ukraine

A. NUMBER OF CASES OF HIV AND AIDS

A recent monograph on HIV in Ukraine by Françoise Hamers from the European Center for the Epidemiological Monitoring of AIDS provides an excellent summary of the epidemiology of HIV/AIDS in this country through the end of 1996. Key points from this unpublished analysis, which were kindly provided to the assessment team, are as follows:

1. Through 1996, 228 cases of AIDS were reported from Ukraine, with 211 cases in adults and 17 in children. Among cases in adults/adolescents, 61 were in women and 150 in men.

2. Among cases of AIDS in male adults/adolescents, 13 were in homosexual and bisexual men, 89 were in heterosexual injection drug users (IDUs), 1 was in a homosexual/bisexual IDU, 1 was in a blood transfusion recipient, 41 were presumed due to heterosexual contact, and in 5 cases the risk was undetermined. Among cases of AIDS in female adults/adolescents, 31 were in heterosexual injection drug users (IDUs), 2 were in blood transfusion recipients, 27 were presumed due to heterosexual contact, and in 1 case the risk was undetermined.

3. Among children with AIDS, 12 (71%) were due to perinatal transmission, 3 (18%) to nosocomial transmission, and 2 to undetermined causes.
4. Through November 1996, 45,609,232 HIV tests were performed in the Ukraine. The largest number of tests were performed on blood donors (17,812,348) and pregnant women (10,646,288).

5. From 1987 through 1994, of over 39 million tests performed, 398 were HIV-positive. In 1995, of 3,515,197 tests performed, 1,499 were HIV-positive. Of 2,867,049 tests performed in 1996, 11,150 were HIV positive. The largest number of positive tests during 1996 were in IDUs (5,244) and prisoners (1,887). Of 255,122 STD patients tested during 1996, 3.7% were HIV-positive; rates were highest in the Mykolayiv region (22.7%), followed by Odessa (13.3%) and Kiev (5.8%).

According to the National Committee for Prophylaxis of Drug Abuse and AIDS, over 20,000 people are known to be infected with HIV. Almost 70% of these persons are IDUs. A growing number of infections has also been identified as due to sexual intercourse and among children born to HIV-infected mothers.

The extremely large number of HIV tests (which continue to be performed throughout Ukraine every year) is notable. The team discusses HIV testing in greater detail later in this document, and argues that Ukrainian prevention and surveillance efforts are too focused on HIV testing.

Regional data were consistent with national trends. From 1987 through 1990, 73 HIV-positive individuals were identified in the Odessa Oblast, with 49 of these cases being foreigners. The great majority of foreigners with HIV were from countries in sub-Saharan Africa such as Uganda and Zaire. Through 1994, 10 or fewer cases a year of HIV were reported among Ukrainians. However, the reported number of HIV-infected Ukrainians increased to 825 in 1995 and 2,254 in 1996. Dr. Ivan Fuchidzhi, Chief of Infectious Diseases in the Odessa Sanitary Epidemiology Station, described one interesting case of a woman who delivered a child in 1983 that was subsequently found to be HIV-positive. The mother, who was also HIV-positive, was presumably infected by a man from the Congo who was the father of the child.

In the rayon of Belgorod-Dnestrovsky, outside Odessa, the first HIV-positive individual was identified in 1996. During 1997 alone, to date, 41 HIV-positive individuals have been identified. Of those who were HIV-positive in the last two years, 94% were attributed to injection drug use and 7% to sexual transmission. Of HIV-positive persons identified, 30% were female.

Similar trends were reported from Crimea. HIV was first identified in 1986 among students from Africa and persons in the military. However, a cumulative
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total of 2,047 HIV infections have now been reported, including (at the time of this evaluation) 1,013 for 1997. Of all HIV-positive persons, 70% were identified as IDUs, with the remainder primarily attributed to sexual transmission. One hundred sixty HIV-positive prisoners have been reported. Twenty-eight children have been born to HIV-positive mothers, with the mothers being either IDUs themselves or sexual partners of IDUs. Only 53 AIDS patients have been reported, of whom 11 have died.

Data from the Donetsk Oblast also support the rapid raise in HIV over the last several years. As of January 1996, only 115 HIV-positive persons had been identified and reported. The cumulative number of HIV-positive persons increased to 519 by April 1996, 1,304 by August 1996, 2,330 by January 1997, 3,297 by April 1997, 4,439 by August 1997, 4,954 by August 1997. As of October 1997, 5,024 cases of HIV infection were reported. This increase cannot be attributed to a greater number of tests performed. For example, of 24,882 tests performed during the month of January 1996, 40 (0.16%) were HIV-positive. In January 1997, of 15,855 tests performed, 260 (1.64%) were HIV positive. Of 2,884 positive HIV tests in the Donetsk Oblast from January through October, 1997, 1,556 (54%) were in IDUs, and another 400 (14%) in prisoners. Twenty-four percent of all HIV-infected persons have been female; 61% were between the ages of 19-29, and 26% were aged 30-39. Given the current rate of increase, health officials in the Donetsk Oblast have projected a cumulative total of approximately 7,600 cases of HIV infection by June 1998.

Data from the Donetsk Oblast also indicate how the risk distribution of HIV-infected cases may change over time. The first cases of HIV infection in the Donetsk Oblast were reported as occurring in 1987, when four persons received infected blood donated by a person from the Congo. From 1988-1993, those who were identified as HIV-infected were primarily foreigners or Ukrainian citizens who studied abroad; both groups were presumed infected through heterosexual contacts. During 1994-1995, additional cases were identified in Ukrainian citizens who were presumed to have become infected through heterosexual contacts with HIV-infected foreigners. However, the numbers of such individuals was still relatively low. In late 1995, an increase in HIV infection was noted among intravenous drug users. By 1997, 83% of all HIV-infected persons were drug users; of note the proportion of all cases of HIV infection thought to have been infected through heterosexual contact rose to 10%. In 1997 (at the time of this evaluation), 55 babies were born to HIV-infected women.

Although most concentrated in the south, HIV (including HIV among IDUs) is geographically spreading to affect the entire country. Given all available data, Dr. Lev Khodakevich, Country Program Advisor for UNAIDS, has estimated that
there are approximately 186,000 persons currently infected with HIV in Ukraine. Given the current rate of increase, his estimates of 700,000 HIV-infected persons by the year 2000 do not seem unrealistic.

In summary, the Ukraine is currently undergoing a major explosion in HIV infection. HIV infection at a low level appears to have been present at least as early as 1982. However, the number of HIV infections in Ukrainians was relatively low until 1995. Although the number of reported AIDS cases is currently low, large increases can be expected in the future, as infected persons become immunocompromised. The epidemic is affecting both men and women. Given the increasing number of HIV-infected women, increases in children with HIV infection and AIDS can also be expected.

B. EPIDEMIOLOGY OF HIV IN DIFFERENT RISK GROUPS

1. Injection Drug Users
The major risk group for HIV/AIDS in Ukraine is injection drug users. The number of IDUs in Ukraine is not precisely known. According to Dr. Valery Ivasiuk, Chairman of the National Committee on the Prevention of Drug Abuse and AIDS, there are approximately 700,000 IDUs in Ukraine. The source of the estimate is uncertain, but may be based on extrapolation from the number of IDUs who are “registered”. IDUs in Ukraine are registered with the government if they either present for medical treatment (such as for detoxification) or if they are arrested by the police. According to data from Dr. Khodakevich (presented at the Eighth International Conference on the Reduction of Drug Related Harm, Paris, March 1997), the number of registered drug users in Ukraine has increased from 31,080 in 1991 to 63,450 in 1996. According to the National Committee for Prophylaxis of Drug Abuse and AIDS, this number is now over 65,000. Various individuals have estimated the total number of drug users as 4 to 10 times higher than the number of registered drug users, although such extrapolations must be considered cautiously.

There is little doubt, however, that significant numbers of IDUs in Ukraine are HIV-infected. According to data from Dr. Hamers' report, of 81,611 IDUs screened during 1996, 7.0% were HIV-positive; rates were highest in the Mykolayiv region (22.2%), followed by Odessa (19.7%) and Crimea (15.1%). One analysis from Dr. Khodakevich, looking at prevalence rates by quarter, indicated even higher rates for IDUs tested during 1995-1996. Quarterly prevalence rates varied, but during one quarter, rates as high as 56.5% were reported for IDUs in Mykolayiv. The highest quarterly prevalence rate for Odessa
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was 30.7%, and the highest quarterly rate for IDUs in Crimea was 25.7%. The number of geographic regions with at least one HIV-infected IDU increased from two in the third quarter of 1995 to virtually the entire country by the second quarter of 1996.

There may be a number of mechanisms by which HIV infection occurs among IDUs. In addition to sexual transmission (discussed in more detail in the following sections), there are a number of opportunities for HIV infection related to drug using practices.

One of the most common types of drugs used is “poppy straw”. This drug is made from an extract of the poppy plant. The stem of the poppy plant is chopped up and put in a solution which extracts the narcotic. In Odessa, much of drug production trade is controlled by the Gypsy community; in Crimea, production is largely controlled by Ukrainians. The drug is typically produced in larger quantities by drug manufacturers, and drawn up into syringes from a common pot or jar. In some cases, IDUs may buy a syringe containing a predetermined amount of drug. The “high” from an injection of poppy straw, according to IDUs we interviewed, typically lasts about four hours. The average IDU might inject 2-3 mm. of poppy straw, repeating this injection 2-3 times a day. The cost of 1 mm. of poppy straw is approximately $1 (US), and the cost of one syringe about 10-15 cents.

In Odessa, IDUs often throw away syringes after using them. This in part may be due to fear of arrest. In Ukraine, it is a crime if a person is found with a syringe and drugs. The team was told that although it is technically not a crime to have a syringe alone, persons found with syringes can be suspected of being an IDU. Syringes, which may be thrown on the ground, may be recovered by children who return them to the drug producers. Thus, the syringes placed into the jar of poppy straw for refilling are used and potentially contaminated with HIV. In addition, the poppy straw itself may be contaminated with small amounts of blood, which may also contain HIV and other blood-borne viruses. Finally, because IDUs may throw away their needles, IDUs may purchase a larger quantity of drug and use a shared needle for drug injection. Some scientists also indicated that needle sharing may have a certain ritual basis as well.

All of these practices are potential vehicles for HIV transmission, with direct exposure to blood (such as through shared needles) being a particularly efficient vehicle. As indicative of the risk associated with drug use practices, hepatitis C is being reported from the Donetsk Oblast and other regions of Ukraine.
AN ASSESSMENT OF THE HIV/AIDS/STD SITUATION IN UKRAINE

Personal observation of an Odessa needle exchange site by the team leader confirmed these impressions. The exchange site is located in a field, halfway between where the IDUs and Gypsy distributors live. The drug users' dwellings resembled a series of small one room shacks, with large numbers of run down houses crowded together. IDUs walk through the field to and from the distributor's houses.

Drug use was reported as starting early among Ukrainian youth. According to Dr. Fuchidzhi, many IDUs will start injection behavior as early as 13-14 years. Personal conversations with IDUs confirmed this impression. It was reported that children often start drug use because of curiosity, boredom, social alienation or peer pressure. Drug use may also occur in discotheques and other places where youth gather. Established drug users may receive free drug from suppliers as an incentive for recruiting new IDUs.

Although poppy straw was the primary drug used in the oblasts visited by the team, other injection drugs may also be used, including ephedrine. Ephedrine may be sold in pharmacies without a prescription, and may be the drug of choice for some IDUs. In some oblasts, ephedrine use is reportedly common. Because the "high" due to ephedrine may be associated with heightened sexual drive (in contrast to poppy seed), ephedrine use may be associated with increased sexual activity and an increased risk of sexual transmission of HIV. This increases the likelihood of HIV transmission to sexual partners of IDUs, and may facilitate spread of a heterosexual epidemic among sexually-active persons.

At the beginning of outreach efforts for IDUs by one Odessa NGO, "Faith, Hope and Love", a survey of 511 IDUs was undertaken to ascertain behaviors and background of the target audience (Source: Odesskie Izvestia newspaper, October 31, 1997). Seventy-five percent of the IDUs interviewed were male, and 25% female. Five percent of those interviewed were less than 16 years of age, 18% age 16-19 years, 35% age 20-25 years, 22% age 26-30 years, and 20% were over age 30. Sixty-six percent of IDUs were neither employed nor in school. With respect to drug use behaviors, 51% used drugs several times per day. Eighty-one percent of IDUs reported injecting poppy straw, 13% ephedrine, and 6% other drugs. Forty-three percent of IDUs used their own syringes; of this 43%, only 27% could afford to purchase a new syringe for every injection. Therefore, the majority of IDUs shared syringes, and many of the remaining IDUs used their own syringe multiple times. Eighty-two percent of all IDUs interviewed reported that they drew blood back into the syringe before injecting. With respect to sexual activity, only 16% of IDUs used condoms during sex. Six percent reported being sex workers; 22% had sex partners who were not drug users. These data confirm
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that many IDUs are engaging in unsafe drug use and sexual behaviors, which significantly increase the potential for efficient transmission of HIV.

Finally, one cannot understand the epidemiology of IDU in Ukraine without appreciating that it takes place in the context of poverty and dramatic social change. One HIV-infected 28 year old drug user told the team that many youth in Ukraine no longer believe in the future. Given the limited economic opportunities for many youth (including lack of jobs and poor living standards) and the radical disruption which has taken place over the last decade (in which adolescents and parents are often far apart in their values and beliefs), it is not surprising that many youth experiment with injection drugs. By the time youth realize the consequences of their actions, addiction and HIV infection may have already resulted.

2. Commercial Sex Workers

Female prostitution seems established in many Ukrainian cities, including Kiev, Odessa and Simferopol. Female sex workers range from those who work in hotels and apartments to poor women who work for little money on the streets. Many of the women in this latter group were reported to be female IDUs, exchanging sex for money or drugs. Young children were also reported to engage in prostitution, as discussed below. The team did not identify information on prostitution by adult males.

Interviews by the team with women who work on the streets near a major hotel in Odessa (defined by an outreach worker as being in the “middle strata”) indicate that there is a strong desire to use condoms with clients. The women (70% of whom work with managers who are typically also women) indicated that they receive regular STD screening and require all clients to use condoms. However, discussions with outreach workers indicate that in some cases clients may force themselves on women without use of condoms. In addition, women are periodically arrested by police and may be raped (without condoms) by police while in custody.

If a sex worker does develop a sexually transmitted disease such as syphilis, presenting at a government or public clinic can result in being “registered” and held against one's will for a week or longer until a course of therapy is completed. In addition, a woman who is officially identified as a prostitute is typically subject to compulsory HIV testing. To avoid this option, female sex workers reported going to private practitioners. However, the team was told that these physicians
sometimes charged exorbitant rates for STD treatment; women told of paying up to $600 for a full course of treatment.

3. Prisoners

The Ukrainian Ministry of Health has identified the rise of HIV among prisoners as a major concern. According to data from Dr. Hamers' report, of 180,684 prisoners who were screened for HIV during 1996, 1.1% were HIV-positive; rates were highest in the Mykolayiv region (12.8%), followed by Odessa (9.9%) and Crimea (1.7%). The number of HIV infections among prisoners in Ukraine has increased from essentially no cases before 1995, to 1,887 cases during the first 11 months of 1996, representing a rate of 1.2% among those tested. Although some prisoners (particularly those who are IDUs) may arrive at the prison already HIV-infected, HIV transmission may occur inside the penitentiary through male-male rape or injection drug use (with sharing of needles). Needs were expressed to train prison employees (including physicians) on the appropriate management of HIV-infected inmates. The coexistence of TB and HIV in prisons represents a public health problem of particular concern, since immunocompromised persons are at increased risk for active TB disease. It should be noted that the coexistence of TB and HIV is also a problem outside prisons, and will likely have a significant impact on the Ukrainian health status and system. Issues related to TB and HIV are mentioned in greater detail in Section V. (pg. 27) and in our recommendations, Section VII. (pg. 45).

4. Men Who Have Sex with Men

There appear to be established gay communities in major Ukrainian cities including Kiev. Under a less restrictive political climate, clubs, discotheques and other businesses that cater to a gay clientele are beginning to emerge. Although homosexuality is no longer illegal (since 1991), there still appears to be considerable homophobia in many parts of Ukraine. Although there is limited data on HIV rates among men who have sex with men, available information suggests that there are not large numbers of HIV-infected gay men in Ukraine at this time. Interviews with several gay men who run support groups indicate that most gay men in Ukraine do not have large numbers of partners, and that many gay men are using condoms. Dr. Fuchidzhi indicated that gay men in Odessa tend to be educated about HIV, have only 1-2 sex partners, and practice safe sex; for example, he was aware of only one HIV-positive homosexual man. However, information about gay and bisexual men in Ukraine remains limited. One commentator in Odessa noted that some Ukrainian men who have sex with men
are married and have children, reflecting the strong stigma against male-male sexual contact. These bisexual men are more difficult to reach through approaches that target gay community organizations or men who are gay-identified.

5. Other Blood Transmission

Many persons interviewed, as well as available national AIDS/HIV surveillance data, indicated that transfusions and nosocomial infections account for a relatively small number of HIV infections. According to Dr. Hamers' report, of 1,415,688 blood donors who were screened during 1996, only 533 (0.04%) were HIV-positive. The Ukrainian policy is to screen 100% of all blood units for HIV. Between one and two million units are screened per year. However, the team was told that if there is a shortage of available test kits in a specific setting, units of blood may not receive the required testing. Foreign test systems are currently being utilized, although the Ministry of Health is presently developing a locally-produced test system.

Recognizing the potential for nosocomial transmission as the number of HIV-infected patients increases, the Ukrainian Ministry of Health as well as several local health officials, identified infection control in health care settings as an important priority. Although the team was told that no health care worker infected through occupational exposures had yet been identified, concern was expressed about the need for staff training as well as the need for sufficient materials to help ensure protection of health care workers, and others, such as paramedics.

6. Pregnant Women and Vertical Transmission

As noted above, a substantial proportion of HIV infections in Ukraine are occurring in women. These women appear to be predominantly IDUs or sexual partners of IDUs. HIV infection does not yet appear to have extended widely into the general population. According to data from Dr. Hamers' report, of 329,688 pregnant women tested for HIV, 172 (0.05%) were HIV-positive.

HIV screening is required for pregnant women attending prenatal centers. If a woman is found to be HIV positive, she is counseled about options. A large proportion of HIV-infected women who are screened in early pregnancy opt to terminate their pregnancies through abortion. In the Odessa Oblast, 60% of the 200 HIV-infected women who presented last year, opted for abortion. (This is
consistent with the generally high rates of abortion in all women, regardless of HIV status; more than half of all pregnancies end in abortion. In Ukraine, approximately 80,000 abortions are performed per year for girls under the age of 18. One gynecologist in Crimea noted that infertility rates were high in Ukraine [about one in five couples] and that recurrent abortions were a major cause of infertility in women).

Women who are found to be HIV-positive and who wish to continue their pregnancy are typically sent to special delivery rooms for closer monitoring. The present policy in Ukraine dictates that HIV-infected mothers should be advised not to breastfeed. Health workers in Crimea expressed concern that infant formula is expensive, HIV-infected mothers who are drug users are unable to afford infant formula, and that it is not currently provided by the Government.

The number of HIV-infected children is currently low, which may reflect a number of factors including both the high abortion rate and low birth rate. However, the number of children with HIV infection can be expected to increase as the number of HIV-infected women grows. Female IDUs or sexual partners of IDUs (groups of women at greatest risk for HIV infection) are probably less likely than other women to receive prenatal care with HIV screening (which may result in the woman electing an abortion). In many cases, children born to HIV-infected parents are abandoned by their families. Since the mothers are typically also HIV-infected, these children will eventually be orphaned. Since most HIV-infected women are IDUs or partners of IDUs, social and support needs will be great. The needs of these children include medical care, and suitable housing, such as in a foster family setting, and other social support.

7. Other Issues Related to Youth

Several individuals identified street youth as a high-risk group, although the amount of specific information about this population is limited. One health official estimated that up to 15% of school age children may not actually attend school; these include many children who are homeless or runaway. A recently completed unpublished study of 200 street children in Kiev and Odessa supported by UNICEF, shows that knowledge about STDs is low, and that use of condoms is generally uncommon. According to one nongovernmental organization in Odessa, there may be 2,500 homeless children in Odessa. It is estimated that 20% are orphans. The remainder have living parents, but have run away from the home setting because of conflicts including abuse (physical or sexual) or alcoholism on the part of parents. Many street youth start using “toxic substances” (such as glue) at an early age, and by age 14, may start use of injection drugs. Many of
II. EPIDEMIOLOGY OF HIV/AIDS IN UKRAINE

these children survive by begging or prostitution. Prostitution apparently can start in children as young as age 9-12. By the age of 12, the great majority of both males and females are sexually active. In general, street children have considerable social and psychological needs, as well as more concrete needs such as a stable housing situation.

Youth in general appear to be at some risk for initiating high-risk sexual or drug use practices. Focus groups conducted by Barbara Cook of PATH indicate that many youth start sexual intercourse at a young age (in some case 12-14 years of age), and that they are strongly interested in getting information about STDs and contraceptives. Although they may still be living with their parents, there is often a considerable “generation gap”. Parents may be conservative, and are often not supportive of condom use or education about use of condoms. As mentioned above, many youth also initiate drug use at an early age. Non-injection drugs used by many youth include ecstasy and LSD. These drugs are available at discotheques and other places where youth congregate.

In summary, in Ukraine, HIV is a particular problem among injection drug users, who may become infected through a number of mechanisms including blood contaminated needles, syringes and drugs. Rates of infection among IDUs are increasing rapidly and reaching high rates in many areas. High risk sexual and drug use behaviors often start in early adolescence. In addition to being a major problem on its own, the IDU HIV epidemic has a major role in fueling the heterosexual and perinatal HIV epidemics. Heterosexual transmission through sexual intercourse is already occurring and can be expected to increase. Populations at particular risk include sexual partners of IDUs and commercial sex workers (who may be IDUs or sex partners of IDUs). With increasing numbers of HIV-infected women, the numbers of HIV-infected children will also grow.
III. Epidemiology of STDs

Only a limited number of STDs are diagnosed in Ukraine, and many of these are probably underreported. Syphilis testing is done using serologic assays, but if patients are identified and treated in private or alternative settings (as opposed to government clinics), they are unlikely to be reported. Patients are often tested for gonorrhea using only the Gram stain, which has only limited sensitivity, especially in women. Although some patients are evaluated with gonorrhea cultures, testing of isolates for antibiotic sensitivities is not routinely performed. Evaluation for other STDs, such as those due to chlamydia, is not routinely performed. Given these limitations, data on STD rates in Ukraine must be interpreted with considerable caution.

Despite these limitations, existing data are of great concern. Data concerning syphilis supplied by Dr. Iouri Soubbotine of WHO indicate a more than ten-fold increase from 1991 to 1996:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of syphilis cases</th>
<th>Rate/100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>5,229</td>
<td>10.1</td>
</tr>
<tr>
<td>1993</td>
<td>18,228</td>
<td>35.1</td>
</tr>
<tr>
<td>1994</td>
<td>35,672</td>
<td>68.7</td>
</tr>
<tr>
<td>1995</td>
<td>61,032</td>
<td>118.5</td>
</tr>
<tr>
<td>1996</td>
<td>76,982</td>
<td>148.8</td>
</tr>
</tbody>
</table>

The number of cases of congenital syphilis (reflecting the magnitude of this problem in child-bearing women) has increased from 5 cases in 1991 to 71 cases in 1996.
AN ASSESSMENT OF THE HIV/AIDS/STD SITUATION IN UKRAINE

Of equal concern are the rising number of STD cases in adolescents. Data for registered cases of syphilis among males by age are as follows:

Rate of syphilis cases per 100,000 in males

<table>
<thead>
<tr>
<th>Age</th>
<th>1991</th>
<th>1993</th>
<th>1996</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>&lt;0.1</td>
<td>0.6</td>
<td>4.0</td>
</tr>
<tr>
<td>15-17</td>
<td>5.2</td>
<td>25.1</td>
<td>109.9</td>
</tr>
<tr>
<td>18-19</td>
<td>9.6</td>
<td>87.1</td>
<td>343.3</td>
</tr>
<tr>
<td>20-29</td>
<td>38.7</td>
<td>70.0</td>
<td>133.8</td>
</tr>
</tbody>
</table>

Rates in females are similarly alarming, including high rates in those aged 15-19:

Rate of syphilis cases per 100,000 in females

<table>
<thead>
<tr>
<th>Age</th>
<th>1991</th>
<th>1993</th>
<th>1996</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>0.1</td>
<td>1.2</td>
<td>6.2</td>
</tr>
<tr>
<td>15-17</td>
<td>26.3</td>
<td>76.4</td>
<td>315.6</td>
</tr>
<tr>
<td>18-19</td>
<td>30.0</td>
<td>176.3</td>
<td>674.3</td>
</tr>
<tr>
<td>20-29</td>
<td>31.4</td>
<td>120.2</td>
<td>522.6</td>
</tr>
</tbody>
</table>

In 1994, 42,045 cases of acute gonorrhea were reported (81 cases/100,000); in 1995, this number was 33,610 (65.3/100,000). Dr. Soubbotine noted that since the typical epidemiology of STDs is that the number of gonorrhea cases is ten times the number of syphilis cases, there is probably tremendous underreporting of gonorrhea. In addition to acute cases of gonorrhea, there were 13,884 cases of "chronic gonorrhea" reported in 1994 and 12,253 cases in 1995. Patients with "chronic gonorrhea" could reflect those with gonococcal strains resistant to the drug the patient has been treated with, or infection due to other pathogens such as chlamydia.

In summary, despite problems with STD surveillance, there is good reason to believe that STD rates are greatly increasing, as reflected by a more than ten-fold increase in syphilis over the past decade. Adolescents and young adults are particularly at risk. In addition to being an important public health problem in its own right, the rise in STDs has important implications for the HIV epidemic. STDs may facilitate sexual transmission of HIV, and high STD rates are a major indicator of unprotected sexual intercourse.
IV. Program Partners

A. GOVERNMENT RESPONSE

1. Organization of National Response

The primary responsibility for HIV/AIDS control efforts rests with the National Committee for the Prevention of Drug Abuse and AIDS. This committee was formed in 1992 as the National Committee for prophylaxis of AIDS, and initially reported directly to the President of Ukraine. In December 1996, the committee's mandate was expanded to include prophylaxis of drug abuse, and lines of authority were reorganized so that this committee reports to the Cabinet of Ministers. This Committee therefore currently has the status of a Ministry. The team was told reporting lines are currently being reevaluated, and that the Committee may soon report directly to the Ministry of Public Health.

Mandates of the National Committee include AIDS surveillance and AIDS education. This Committee also has responsibility for developing national policies related to HIV prevention, with central authority for such activities. The Committee is organized into five departments, including the International Division, AIDS Prophylaxis, Drug Abuse Prevention, Planning and Finance, and Protocol/Support. The Committee includes representatives of key ministries, including those representing Public Health, Internal Affairs, Education, and Security. A national reference laboratory is also financed by a budget from the Committee. One senior health official the team spoke with expressed concern about the lack of prevention expertise (including limited input from psychologists and sociologists) on the Committee.
Another organization which also appears to have responsibility for national AIDS activities is the National Center for Epidemiologic Research and Infectious Diseases. Officials at this Center indicated that they had national responsibility for laboratory diagnosis and verification of HIV infection. Other responsibilities include epidemiologic surveillance and monitoring clinical issues related to HIV/AIDS (both inpatient and outpatient). The types of activities performed at this Center include monitoring different strains of HIV isolated throughout the country, conducting epidemiologic studies related to viral transmission in different regions, and studying clinical manifestations of HIV disease in Ukrainian patients.

2. Perceived National Needs

Dr. Valery Ivasiuk, Chairman of the National Committee, expressed the opinion that what was most needed is financial assistance in three priority areas. According to Dr. Ivasiuk, most resources related to HIV/AIDS are currently going for diagnosis and treatment.

In the area of HIV/AIDS prevention, Dr. Ivasiuk felt there is a need for financing informational and promotional programs using mass media. Examples of such programs include printed publications (such as pamphlets), as well as video and radio clips. These video and radio clips should be directed to different target audiences including different sexual orientation strata as well as those whose language is not Russian. To provide support for these programs and determine how they are perceived by society, sociologic research is necessary.

Secondly, in the area of HIV/AIDS treatment, Dr. Ivasiuk identified a need to finance the development of special social/medical hospitals for adults and children with HIV/AIDS. The third perceived national priority need identified by Dr. Ivasiuk for financing is the blood products safety, including “immunoproducts” (presumably immunoglobulin, although this point was not elaborated upon).

In a very recent report, the National Committee for Prophylaxis of Drug Abuse and AIDS outlined its priorities for combating drug addiction and AIDS during 1998-2000. These included the following general steps:

a. **Prophylactic measures to curb drug abuse.** The main goals here are to cut demand for illegal drugs and to emphasize the negative consequences due to drug abuse. Specific goals include teaching drug users skills to resist a negative social environment, creating social conditions to implement a healthy lifestyle, educating the population about the negative consequences of drug...
IV. PROGRAM PARTNERS

use, and developing modern medical and psychological rehabilitation programs. The need for school education programs, training of specialists (including psychologists and social workers), and close collaboration with international organizations, were specifically noted. The Committee also noted that it is important to change state policies regarding attitudes toward drug addicts, and to involve the drug addicts in medical and social rehabilitation programs based upon the principles of partnership and cooperation.

b. Prophylactic measures against HIV/AIDS. The three main goals here are to prevent HIV infection through blood transfusion and medical manipulations; to reduce the number of infections through sexual relations and injection drug use; and to prevent perinatal transfer of HIV from infected mothers. Specific goals are to:

1. Screen all donated blood
2. Introduce methods of donor selection to eliminate those with risky behaviors
3. Eliminate use of paid donors
4. Provide medical institutions with infection control equipment, including single use syringes and sterilization equipment
5. Promote education for youth and adolescents to inform them about the possibility of contracting HIV and STDs, and preventive measures. This includes development of school-based curricula, written material and training of persons to teach these subjects.
6. Promote measures of harm reduction among IDUs
7. Information and education measures for specific high-risk groups in the population. These include sailors, the military, truck drivers, and prostitutes and their clients.

c. Creation of conditions so that every person can voluntarily undergo HIV testing and be professionally advised and supported regarding the prevention of infection.

d. Monitoring the spread of HIV/AIDS and drug addiction in Ukraine. This includes use of sentinel surveys, strengthening AIDS diagnostic laboratories, ensuring a high level of reliability for HIV test systems, and use of statistical information to monitor the spread of drug addiction.

e. Medical assistance and psychosocial support for HIV-infected and drug addicted persons. This includes establishment of specific outpatient facilities for HIV-infected patients, acquiring antiretroviral therapies (including protease
inhibitors), social protection of abandoned children and orphans, and establishing systems for rehabilitation and resocialization of drug addicts.

f. **Scientific research.** This includes development of measures for drug abuse prevention and rehabilitation, epidemiologic research on drug addiction and HIV infection in different groups, molecular epidemiologic studies related to HIV in Ukraine.

g. **Improved legislation.** Reforms are suggested in a number of areas related to legislation for AIDS disease prevention and social protection of the population. Suggested areas related to HIV include cancellation of mandatory testing of all groups except blood donors, providing allowances to HIV-infected children, and changing the list of professionals that work with HIV. Suggested areas related to drug abuse include promotion of rehabilitation, harm reduction, and diminishing a repressive orientation which views the drug addict as a criminal rather than as someone with psychological problems and an illness. For example, prison sentences might be canceled or mitigated if the drug user agrees to undergo treatment.

h. **International cooperation in drug addiction and AIDS prophylaxis.** This includes cooperation with UN and international regional institutions, as well as benefiting from the experience of other countries, including those in Central and Eastern Europe.

The team also met with Deputy Minister Nekrosova Sergeyevna of the Ministry of Public Health. The Deputy Minister considers HIV/AIDS to be an important issue, and identified for the team five priority areas:

1. **Establishment of an epidemiologic database related to HIV/AIDS.** This database would not only help monitor the epidemic in Ukraine, but would provide assistance in specific areas, such as those related to organ transplantation.

2. **Prevention of HIV among injection drug users.** This would include advice about activities such as needle exchange, and would involve advice from the Ministry of the Interior.

3. **Medical facilities for patients with HIV disease.** A number of issues were raised in this context, with an expressed need for dedicated space or facilities for patients with HIV disease. A major concern was related to protection of medical staff. Patients may be admitted with advanced disease, and there is a need for facilities which can provide social as well as medical assistance.
IV. PROGRAM PARTNERS

4. Medical promotion and training of medical staff. This issue in part overlaps with the issue discussed above. The Deputy Minister indicated that many hospitals were hesitant to accept AIDS patients, and that there was a need for both training and materials to support infection control.

5. AIDS in the prison system. The increased rise of HIV in the penitentiaries (as discussed above) was noted, as well as coexistence of other communicable diseases such as tuberculosis. How and where to provide medical care for HIV-infected prisoners was a concern.

At the National Center for Epidemiologic Research and Infectious Disease, a number of needs were also expressed. These included greater access to research papers and the medical literature concerning HIV/AIDS, financial assistance to help purchase equipment for modern methods of immunologic analysis and to monitor viral load, financial assistance to help purchase antiretroviral drugs, and local production of condoms which can be certified as being of good quality.

B. NON-GOVERNMENTAL ORGANIZATIONS RESPONSE

Ukraine does not have a long history of nongovernmental organizations and the HIV/AIDS epidemic is relatively new. As a result, there are few NGOs working in this area, and those which have been initiated have few established systems for support. Nevertheless, these NGOs are making important contributions by serving vulnerable or socially disenfranchised groups (such as gay men, IDUs, and people with HIV/AIDS) and attempting community-based interventions (such as needle exchange and condom distribution). NGOs which the team came into contact with during this assessment were:

1. “We are With You”
   a. Geographic location: Kiev
   b. Coverage: National
   c. Target groups: People with HIV/AIDS
   d. Activities: Phone hot line, information center, social support, journals and newsletters for HIV-positive persons, medical and legal counseling
   e. Donor support: UNDP

2. “Trust, Hope and Love”
   a. Geographic location: Odessa
   b. Coverage: Odessa Oblast
   c. Target groups: IDUs, commercial sex workers, homeless youth
d. Activities: Community-based outreach, including education, distribution of informational materials, condom distribution, needle exchange

e. Donor support: UNDP, UNAIDS, UNICEF

3. Radio Lux
   a. Geographic location: Kiev
   b. Coverage: National
   c. Target groups: Youth in the general population
   d. Activities: AIDS prevention programs on radio, one-time mass condom distribution program in connection with advertisement campaign
   e. Donor support: None

The team was also made aware of another Kiev NGO, "Ganimiad", which provides support for gay men, bisexuals and other "sexual minorities". Alina Yurova, Health Program Coordinator of USAID/Kiev, informed the team of an NGO she identified in the Donetsk Oblast called "AntiAIDS-Donbass". This NGO provides education for all population groups through television, radio and newspapers; it also (in collaboration with the Donetsk Oblast Center for AIDS Prevention) publishes and distributes brochures and other educational materials. Due to lack of funds, this NGO cannot provide as much material as is needed.

In general, the needs of these NGOs are great, and include financial support, official and informal recognition, publicity for their activities and successes, technical guidance, avenues for exchange of information with NGOs of similar missions, and advice in administration and fund raising. Without such support, the viability of these NGOs is fragile.

C. OTHER DONOR INPUTS

1. UN Agencies:

   UNICEF views the HIV/AIDS epidemic in the context of overall children's health and rights. The HIV/AIDS activities supported by UNICEF are budgeted at approximately one million U.S. dollars per year, about two thirds of their overall development assistance in the Ukraine, and are concentrated in the Kiev and Odessa Oblasts. Activities include the following:

   • A “Forum” (Task Force) for youth in Kiev and Odessa
   • Information centers for collection and distribution of IE&C resources
IV. PROGRAM PARTNERS

- A behavioral study on street children and efforts to influence legislation on street children
- Youth clubs and youth-friendly clinics
- Support (in collaboration with other UN agencies) for needle exchange programs
- School health education for “healthy lifestyles”.

The “forum” is charged with overseeing and coordinating UNICEF-funded projects and includes a membership of young people in leadership positions, based on the philosophy that young people should be significantly involved as partners in the decision-making process. Although a large number of UNICEF-supported activities were described, the extent to which they are being monitored and evaluated was uncertain.

b. United Nations Development Programme (UNDP):
UNDP assistance in the HIV/AIDS field has been limited to a one-time allocation to the NGO, “Trust, Hope and Love” in Odessa. However, UNDP has supported a larger NGO initiative through their Civil Society Development Project. The objective of this project is to

“support the development of civil society in Ukraine by providing financial and technical assistance to NGOs working in the areas of social development, and the creation of a supportive environment for NGOs, and by developing mechanisms for communication and cooperation between the government and NGOs in order to develop ‘good governance’ in Ukraine”.

In the course of this project, UNDP screened a number of emerging NGOs in the Ukraine for potential support. Unfortunately, the UNDP budget was cut before they were able to provide financial assistance to selected NGOs. However, UNDP is willing to use the information gathered about these NGOs to assist other donors in identifying NGOs to support.

c. United Nations Program on HIV/AIDS (UNAIDS):
UNAIDS supports activities in three major areas. The first is in the area of information dissemination. For example, Dr. Lev Khodakevich, the country Program Advisor, has presented information about the extent of the HIV epidemic at international meetings and to the media. UNAIDS has also sponsored seminars and workshops in several Ukrainian cities.

The second area is helping to support risk reduction activities for IDUs. Priority activities in this area include behavioral surveys of IDUs (such as the survey of
IDUs in Odessa described above) and harm reduction programs, including needle exchange. Dr. Khodakevich identified harm reduction in IDUs as a major priority, given the current status of the HIV epidemic in Ukraine. He also identified HIV/AIDS prevention in prisons as an important issue.

The third major area UNAIDS supports is regional cooperation among Eastern European nations. A regional seminar on HIV/AIDS communications (which included Russia, Moldova, and Ukraine) is one example of these activities. Although the extent of actual funding of different activities was not identified, UNAIDS appears to see its role as taking leadership in defining important issues and encouraging regional cooperation.

d. World Health Organization (WHO):
WHO provides technical assistance to the Ukraine government on a variety of issues, including HIV, STDs and TB in prisons; health promotion and prevention; and health care reform. WHO is also interested in policy issues and promoting international collaboration. Dr. Iouri Soubbotine, of the WHO Liaison Office of Ukraine, identified STD management and treatment as a major priority in the HIV/STD area. Areas of interest include introduction of the syndromic approach, training of family physicians in STD treatment, promoting consistency in STD management, and making STD services available to difficult-to-access groups (such as commercial sex workers).

Two specific activities WHO is interested in promoting (if adequate funding were available) include development of a national policy on STD management, and conducting a country-wide evaluation of current STD services and approaches. This evaluation would include identifying where patients go for STD treatment, and what types of services are currently being provided. WHO has a very modest budget for this survey and is looking for partners to help support this activity; additional support would allow WHO to expand both the number of regions surveyed and the number of questions asked.

Other priority areas for WHO include screening of the blood supply (for HIV, hepatitis B, syphilis, and other infectious agents), and projects directed at the health status of adolescents and youth (including STDs in this group).

2. Other support:
The only foundation which supports HIV/AIDS activities that the team was able to identify was the Sauros Foundation. The Team was unable to identify any major bilateral program support to HIV/AIDS prevention.
In summary, government officials have identified HIV/AIDS as an important problem, and identified a number of high priority areas for HIV prevention programs. There is a recognition of injection drug use as a significant problem, and of high-risk groups including IDUs and sex workers. However, most of the actual prevention activities that are conducted are done by NGOs and other community-based organizations. Such NGOs, although playing an important role, typically have limited resources and considerable needs. UN agencies have demonstrated a strong interest in providing aid (including technical assistance) for prevention of HIV and other STDs, although funds are often limited or allocated only for certain types of activities.
V. HIV/AIDS Interventions By Sector

A. INFORMATION, EDUCATION AND COMMUNICATION (IE&C) FOR HIV/AIDS

A number of current or proposed information, education and communications activities (including activities in the two oblasts visited) were described to the team. These included the following:

1. Mass Media: Television and radio are both widely available in the Ukraine and offer great potential for delivering HIV/AIDS information. Radio Lux, a music station catering to young people, broadcasts HIV/AIDS programs periodically. The team was also informed that television spots and documentaries are occasionally dedicated to HIV/AIDS. Literacy rates are high in the Ukraine, and newspapers are available (although expensive for the average citizen) and can serve as a vehicle for accurate information on the epidemic. Two journals are published for gay men by NGOs.

2. Small Media: Pamphlets, brochures, posters, and other small media material are in critically short supply due to lack of financial resources for printing. Materials that were made available to the team were, for the most part, unattractive, printed on poor quality stock, and difficult to read due to poor print quality. There was no evidence of the alternative media which is often used effectively in other countries for AIDS prevention messages (T-shirts, key chains, etc.) again presumably due to lack of indigenous or donor-provided financial resources. PATH (with funding from UNICEF) is currently training Ukrainians in techniques for designing effective communication materials.
3. Training: The team learned of numerous HIV/AIDS training activities (such as training of vocational school and secondary school students and teachers) in the two oblasts visited, but the quality and impact of this training could not be assessed. Trainers complained of a lack of written materials to leave with the trainees.

4. Peer education: There appear to be few informal venues in which peer education for youth can be delivered. Peer education is taking place in the needle exchange sites offered in Odessa Oblast by the NGO “Trust, Hope and Love”; however the encounters between providers and clients are short; moreover, the sites do not lend themselves to detailed exchanges of information. IDUs, the group in perhaps the greatest need of information for behavior change, remains largely out of reach of traditional forms of information, education and communications activities and poses the greatest challenge.

Alina Yurova informed the team that “AntiAIDS-Donbass” (the NGO in the Donetsk Oblast) publishes and distributes brochures and other educational materials, and works with mass media; however lack of funds have been an issue for this organization. Another organization, “Health of Youth”, is based in the Donetsk Regional Center of Maternity and Child Protection, where specialists provide counseling in child and adolescent gynecology, psychology, infectious diseases, and provide other services. “Health of Youth” provides sexual education and information about AIDS prevention through their gynecological counseling. Together with the Center of Social Services for Youth, this organization works closely with various youth societies and organizes events (actions) in discotheques (including distribution of brochures and condoms). Information is also provided through a “hot line”. A major event for the Donetsk Oblast, “Day against AIDS”, is planned for December 1, 1997, and will include lectures in secondary schools.

In summary, although a number of IE&C activities are taking place, they can be characterized as activities by well-intentioned and highly motivated persons working with little training and very limited resources. Ukraine has not received the same level of support in this area as many other countries. The Donetsk Oblast appears to be a leader in providing IE&C services, and could be a model for other regions.
B. HIV TESTING

In virtually every conversation with national, oblast or rayon health officials, HIV testing was mentioned as an integral part of the “prevention” program. Such testing may be performed as part of screening programs (such as for blood donors), as part of the HIV surveillance system, as part of public health epidemiologic follow-up (such as for contacts), for medical management (such as for pregnant women), and for clinical purposes. Testing, as discussed below, may be anonymous or nonanonymous.

The overall laboratory protocol for HIV testing in Ukraine is to use an initial enzyme-linked immunosorbent assay (ELISA). Such testing is commonly done at the local level, using test systems such as those produced by Abbott. Specimens which are ELISA negative are reported as HIV negative. The initial test result often returns within 24 hours. Specimens which are ELISA positive are screened again with an ELISA using a different test system. Those samples which are repeatedly positive on ELISA are sent to the national reference laboratory in Kiev for Western blot confirmation. Samples, which are Western blot positive, are reported as HIV positive. Western blot results are usually available within a week.

From 1987 through 1994, according to data from Dr. Hamers, over 39 million HIV tests were performed in Ukraine. As indicative of the extent of testing, in Crimea during 1988-1990, approximately 500,000 HIV tests were performed per year. In the Donetsk Oblast, 600,000 patients were tested each year. During this period, screening was performed on a wide variety of individuals, including sex partners of HIV-positive persons, all pregnant women, children born to HIV-positive mothers, injection drug users, prisoners, prostitutes, homosexual and bisexual men, persons with sexually transmitted diseases (all of whom were registered), patients with tuberculosis, other persons investigated “based on clinical recommendations”, foreigners and those returning from longer stays abroad.

The list of groups which receive mandatory screening has been considerably shortened since then. Screening is to be performed on 100% of all blood donors, as well as all pregnant women. Testing also seems to be routinely performed on prostitutes or drug users who are “registered” by the police. For example, if the police arrest an IDU involved in a crime, they can force that individual to a medical dispensary for investigation, which may include HIV testing. The chief of the Ukrainian Center for Disease Surveillance indicated that another testing priority includes those who have lived outside Ukraine for a period of more than six months and are returning home. It was unclear whether such testing was
voluntary or mandatory. Routine screening for other groups, such as gay and bisexual men, has been stopped. Although the number of groups on whom testing is to be performed have decreased, a large number of tests are still performed. During the first 11 months of 1996, 2,867,000 HIV tests were performed, representing over 250,000 tests per month. In Crimea, 350,000 tests per year are currently being performed. In the Donetsk Oblast, over 12,000 patients a month are tested.

Recent recommendations of the National Committee for Prophylaxis of Drug Abuse and AIDS suggest that eventually the only group for whom mandatory testing should be performed is blood donors. The practice of spending health budget funds on HIV testing of 100% of hospital patients is particularly discouraged. However, it is still deemed expedient to preserve a centralized system of procurement and distribution of test systems so that HIV/AIDS can be diagnosed among specifically-determined categories of the population, including members of risk groups. The Committee hopes to create conditions where every person can voluntarily undergo HIV testing and be professionally advised and supported regarding infection prevention.

When an individual is identified as HIV positive, an epidemiologic risk investigation is performed. The individual is asked about their sexual partners, and told to inform medical facilities if they are seen for care. HIV-positive persons may be referred to medical facilities that are specifically designated to care for HIV-positive persons. Evaluation at these facilities may include repeat HIV testing to confirm the result, immunologic testing for CD4+ levels (depending on the capability of the facilities), screening for other STDs, and other medical evaluation, as described below. If an HIV-infected person is seen in other clinical settings, they may be referred back to these HIV-designated medical facilities. HIV-positive persons are reportedly also instructed on how HIV is transmitted and what the different risks are. Such counseling may be done in group or collective discussions. Although HIV-positive individuals are encouraged to refer their sexual and drug-using partners for HIV testing, the team was told that this is voluntary.

Some sites in Ukraine now offer anonymous HIV testing. During pre-test counseling, the individual is asked why they are interested in being tested (including why they want to know their results) and about the frequency of their sexual contacts. In the Crimean AIDS Center, anonymous test clients are also asked about prevention methods and whether they are using such methods. Recommendations are made and condoms distributed. Those persons who are identified as IDUs are also told not to reuse syringes. Some individuals may also be asked to invite their sexual and syringe-sharing partners for testing and
counseling. Names are not taken, and the person is given some unique identifier so that they can return for their results. They are told that even if they are HIV positive, they need to return for their results. In Crimea, follow-up appointments are scheduled 1-2 months after the initial blood draw. It is estimated that about 50% of individuals return for their results.

In summary, HIV testing is readily available in Ukraine, and an extremely large number of tests continue to be performed every year. In many cases, the basis for such testing appears to be to identify those who are HIV positive, rather than as an integrated part of HIV prevention activities.

C. CONDOM PROMOTION

Anecdotal information from interviews confirmed that there is currently no “culture of condom use” in Ukraine. At the same time, there appears to be no major religious or cultural barriers to aggressively promoting condoms. The only systematic distribution scheme for free condoms identified by the team was that administered by the Odessa NGO “Trust, Hope and Love”. They distribute condoms together with clean needles and syringes to IDUs. They also distribute condoms to female sex workers through a street outreach program. There has been no follow up to explore frequency or consistency of condom use by IDUs; however a one-time survey undertaken at the beginning of that project indicated that only 16% of IDUs used condoms with their sex partners.

As noted in Section I. Methodology (pg. 2), other assessment teams in Ukraine are currently gathering information on the potential for socially marketing condoms. Most persons interviewed by the team felt that condoms were easily available in the private sector, and also affordable, although the lower-priced condoms were perceived to be of low quality. Ministry of Health staff expressed concern about the lack of quality control for condoms. The female condom is not currently available in Ukraine. Female commercial sex workers interviewed by the team in Odessa expressed interest in the female condom, however the cost of the device and potential reuse problems are likely to make it unsuitable for widespread use.

In summary, condoms are not generally used on a widespread basis, although there is no major opposition to their use.
D. STD PREVENTION AND TREATMENT

There has been a considerable increase in STDs in Ukraine, particularly among young adults and adolescents. Some officials the team spoke with attributed this to a more liberal sexual and cultural environment in the current political system. The major STDs diagnosed and reported in Ukraine are syphilis and gonorrhea. There is no data on the number of cases of chlamydia, herpes or other STDs. Syphilis is diagnosed using serologic assays. Gonorrhea is apparently often diagnosed (for women as well as men) by gram stain alone, although culture is also sometimes performed. There is variable capacity to diagnose chlamydia; for example, one family planning clinic in Crimea has the capability to perform testing using florescent antibody. WHO has expressed strong interest in introducing a syndromic approach to SID diagnosis and treatment, but has found most physicians and health providers reluctant to adopt this strategy.

STD treatment is highly variable throughout the country. In the past, patients presenting with syphilis could be involuntarily confined in STD hospitals and treated with several injections of penicillin per day for up to four weeks. Although most STD patients are currently not confined for treatment of syphilis, confinement may occur in certain situations where the patient is considered unreliable. Rather than seeking care through public clinics, many patients seek care from the private sector; this appears to reflect both concerns about confidentiality and the belief that care will be better in private settings. Commercial sex workers in Odessa told of paying up to $600 to have a private physician treat them for syphilis.

Although gonorrhea is typically treated with a single course of antibiotics, there is again considerable variability in treatment practices. Different physicians may treat with different antibiotics and doses. Patients may receive treatment from physicians providing private care, or may choose treatment based on advice from friends or a variety of alternative health care providers. The team was told of a number of "alternative" STD treatments such as those involving healing water, light rays and psychic powers, although this information could not be confirmed. Factors which may promote seeking alternative treatments are lack of availability of STD treatment drugs and expense of these drugs.

In principle, all STD treatment through public clinics is free. However, if the public STD dispensary runs out of drugs (a not infrequent occurrence), the patient will have to purchase them on their own. In addition to these problems, antibiotics are widely available over the counter. For example, one pharmacy kiosk in a train station sold over the counter penicillin and ampicillin; another kiosk in a grocery store sold over the counter ciprofloxacin and ofloxacin.
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Patients may take a variable course of drugs which can be suboptimal or inappropriate in treating the wrong pathogen. Although there are no good data on the prevalence of antibiotic resistance in Ukraine, Dr. Soubbotine of WHO estimated that given STD treatment practices, the prevalence of drug resistance was considerable.

Because health care delivery systems in Ukraine are organized in a vertical fashion, STD and HIV prevention and treatment programs are often offered in separate facilities rather than as part of an integrated program. Separate HIV and STD dispensaries are present in many cities. Although HIV testing is performed on patients seen in STD clinics, and STD screening is performed in many HIV dispensaries, STD and HIV management and prevention programs are typically separated. A recent report from the National Committee for Prophylaxis of Drug Abuse and AIDS recommends that education measures for adolescents and youth about HIV prevention also include educational messages to prevent STDs. Although encouraging, this integration does seem to have yet occurred.

In summary, there currently is considerable variation in STD diagnosis and treatment, and lack of an overall integration of STD and HIV prevention programs.

E. POLICY ISSUES

There have been a number of policies and practices in Ukraine related to HIV and STDs that raise important human rights concerns. These include mandatory confinement of some syphilis patients who are felt to be noncompliant with their treatment regimen; “mandatory registration” of IDU and STD patients who are treated in government facilities; testing centers in which anonymity appears not to be consistently respected; systematic harassment of commercial sex workers by the police; and requirements that HIV-positive individuals be registered with the government and receive all medical care in designated facilities for HIV-infected clients.

Awareness of human rights related to HIV/AIDS appears to have increased significantly in recent years, with several encouraging developments. One is a considerable reduction in the numbers of risk groups in the Ukraine which are subject to mandatory HIV testing, with even further reductions proposed by the National Committee for Prophylaxis of Drug Abuse and AIDS. A second encouraging trend is reflected in the National Committee’s recommendation that current legislation should be amended to diminish a generally repressive orientation toward drug users. This is accompanied by suggestion that drug use be
thought of as a medical and psychological problem rather than a criminal one. It is suggested that criminal penalties might be canceled or mitigated if the drug user agrees to undergo treatment.

At the same time, a number of human rights challenges remain. A number of the recently recommended changes have not yet been implemented. Harassment of commercial sex workers was witnessed by the team on one occasion, and female sex workers report that arrest may be followed by physical or sexual abuse.

In summary, recent policies and recommendations have been encouraging concerning an increasing awareness of, and attention to, human rights issues. However, a number of laws and policies are still in effect which can impede HIV/AIDS prevention.

F. BEHAVIORAL RESEARCH

With the exception of the study of Odessa IDUs mentioned above (Section II.B., pg. 8), the team was unable to identify any behavioral studies which can: 1) inform policy and program makers about patterns of sexual and other risk behavior which determine the course of the epidemic in the Ukraine; 2) guide the design of prevention programs; or 3) help in influencing policy makers to adopt responsible legislation and programs in support of AIDS prevention.

In summary, there is an absence of behavioral data; this is particularly critical in the area of youth as well as for specific high-risk populations.

G. TREATMENT, CARE AND SUPPORT

Most health care for those who are identified as HIV-positive is provided in special inpatient and outpatient facilities (including HIV dispensaries) which have agreed to take such patients. Although there may be benefit in having clinical providers who are familiar with HIV-infected patients and disease, this practice also seems to reflect that many and possibly most physicians in Ukraine do not feel comfortable caring for HIV-infected patients. In many cases, this discomfort may reflect concerns about infection control and potential transmission of HIV to health care providers. A number of health officials in Ukraine expressed the belief that separate clinical facilities were the preferred option for treatment of HIV-infected children and adults. However, it is not clear that separate facilities are either necessary or cost effective. Several government officials indicated that
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A strong priority was educating physicians, including providing information about medical care issues and infection control.

Because at present in Ukraine there are a relatively small number of patients with HIV-infected disease, the full range of HIV-associated clinical manifestations is not yet known. However, one of the most common HIV-associated infections appears to be tuberculosis. For example, of 53 AIDS patients in Crimea, 30 were diagnosed with TB. In a visit to an Odessa inpatient AIDS treatment facility, it appeared that the most common presenting infection was bacterial skin and soft tissue infections (such as those due to Staph aureus) caused by complications of injection drug use. In some cases, patients also developed bacterial sepsis or endocarditis. Although not an AIDS-related condition, hepatitis B infection is also common, reflecting the similar risk behaviors that coexist between HIV and hepatitis B. A number of patients also appeared to exhibit wasting, although the etiology may be due to a number of factors. Other infections mentioned included Pneumocystis pneumonia and generalized herpes, although their frequency is unclear. Kaposi's sarcoma was reported as very uncommon.

Treatment options for patients with HIV disease in Ukraine are quite limited. Antiretroviral therapy is generally not available. One exception was found in the Donetsk Oblast. With the support of the City Health Administration there, the Center for AIDS Prevention, which coordinates the city's AIDS control program, is planning to purchase zidovudine (at a cost of 120,000 Hrv, approximately equal to USD 6,700) to treat 60 pregnant women infected with HIV.

Although we saw one facility in which immunologic monitoring (CD4+ counts) was performed every several months, the therapeutic application of this information was not clear, since no anti-HIV therapy was available. In general, prophylaxis against HIV-associated opportunistic infections (either through use of drugs or through certain immunizations such as pneumovax against common strains that cause pneumococcal disease) does not seem to be provided.

The overall quality of medical care facilities for treatment of HIV-infected patients appears variable and may be poor. The team saw one treatment facility in which sanitary conditions were substandard. Patients essentially seemed to be receiving minimally supportive care for only the most acute problems. In some cases, what care was provided was not in accordance with current medical practice. Medical equipment (including equipment for intravenous medications and support) seemed either limited or not present. Conversations with HIV-infected persons in other settings indicated that such individuals feel that their treatment and care options are limited. Two problems that were expressed
include lack of drugs and negative attitudes of doctors and other health care providers towards HIV-infected patients.

In summary, options for the treatment and care of HIV-infected patients appear limited and often inadequate.

H. SPECIAL EFFORTS FOR INJECTION DRUG USERS

It is notable that many of the government and health officials the team spoke with at both the national and local levels recognized and acknowledged that prevention of continued HIV infection in IDUs had to be an important priority. Given the injection drug use situation, there is also a significant prevalence of hepatitis B and hepatitis C infection. In addition to being very important health problems in their own right, the presence of hepatitis can also be used to help monitor the occurrence of high-risk behaviors and impact of prevention efforts.

The major prevention effort for IDUs in Ukraine appears to be needle exchange. Dr. Lev Khodakevich of UNAIDS indicated his belief that harm reduction (for IDUs including needle exchange) was the most cost-effective and beneficial strategy given the current status of the HIV epidemic in Ukraine. Prevention strategies for IDUs mentioned by Dr. Khodakevich included:

1. **Education and information.** Such programs should be community-based and involve trained outreach workers

2. **Provision of "instruments" for protection.** These would include clean needles and syringes, as well as bleach for disinfection of drug using equipment

3. **Provision of condoms.**

4. **Social support.** Such support is necessary for those who are already infected, but is also relevant for all IDUs. This includes addressing social and psychological needs to IDUs, including addressing those conditions that may contribute to continued drug use.

5. **Working with drug distributors to help promote greater access to clean needles and avoid contamination of drugs by blood from used needles.** Although quite challenging, this acknowledges that one mechanism of HIV transmission is blood contamination of drug before it is sold to the individual user.
6. **Sentinel surveys to help monitor the prevalence of HIV infection in selected populations of IDUs and the impact of intervention efforts.**

As part of the assessment, one member of the team observed a needle exchange program in Odessa, mentioned previously (Section II.B, pg. 7). Located in the middle of a field half way between the houses of the IDUs and drug dealers, the exchange site uses a one-for-one exchange. Drug users are also given condoms and written educational materials; condoms were readily accepted, although the educational material seemed less popular. A small fire is started next to the exchange site, and plastic bags with used needles are immediately burned. Time spent at the exchange by clients appears brief. A member of the outreach team has a log sheet to keep track of the number of materials distributed.

Members of the team were told that needle exchange programs had already been started in several sites (including Odessa), and that programs in two more sites were scheduled to open this year. For example, there was interest expressed in expanding a needle exchange pilot study started in the Crimea. Health officials in Crimea also mentioned that they would like to expand education for IDUs, to teach them how to use disposable needles and “disinfection” methods. However, lack of supplies (including enough disposable syringes) was a major impediment.

In the Donetsk Oblast, Dr. Mykola Grazhdanov, Head of the Center for AIDS Prevention, also told Alina Yurova that harm reduction is the most efficient strategy to slow the present increase in HIV infection. This strategy involves not only “needle exchange” for IDUs and condom distribution for commercial sex workers (both of which are important), but also information, education and provision of social support for these population groups. In late October, the Center for AIDS Prevention conducted a seminar on how to work with commercial sex workers. In all, 25 people participated. They represented medical facilities and NGOs from 8 oblasts of Ukraine; 6 prostitutes also participated. Dr. Grazhdanov is also planning to meet with NGO “Vera, Nadezhda, Luibov” in Odessa to learn about their experience, which has no equivalent anywhere in Ukraine. After finalization of the program, an establishment of an NGO of the same type in Donetsk is envisioned.

An evaluation of any prevention efforts directed towards IDUs also has to consider the current legal climate and police practices. If IDUs can be “registered” or arrested for admitting to drug use or carrying drug use equipment (including clean syringes), this will have a significant impact on the ability to implement any prevention policy. There is also interest in motivating the organization of groups of IDUs and commercial sex workers to protect their rights.
and help empower them. Some individuals also mentioned the need for more behavioral research to better understand IDUs and high-risk behaviors.

The effectiveness of needle exchange programs in general in the Ukraine setting met with some difference of opinion. Dr. Fuchidzhi pointed out that only about 2,000 IDUs participate in the needle exchange program currently, representing only about 10% of all Odessa IDUs. Further he suggested that if the poppy straw solution itself is blood-contaminated, as described above, clean needles may not be sufficient to prevent HIV transmission. On the other hand, Dr. Khodakevich pointed out that preventing HIV transmission even in a proportion of IDUs through needle exchange could potentially save thousands of lives.

As a separate but related problem, a number of individuals discussed the serious problem of the growing number of HIV cases in prisons. IDUs may represent a large proportion of those with HIV infection initially admitted to the prison population. Once inside, modes of spread within the prison included male-male sexual contact (including homosexual rape) and continued use of injection drugs, with exposure to contaminated needles and syringes. Prevention strategies which are being explored include provision of condoms and even provision of clean needles.

Finally, the team noted with concern the reportedly large and rapidly growing occurrence of drug use (including injection drug use) among Ukrainian youth. Reasons for the increase in IDU include greater availability of drugs (facilitated by international drug trafficking through Ukraine), the recruitment of new drug users by existing IDUs (who may receive free drug for their efforts), and a pervasive lack of optimism among youth about their future in a rapidly changing political, social and financial climate. A number of individuals discussed the need for “demand reduction”, preventing youth from using drugs. This included the need for education and training activities that teach youth to recognize the harmful consequences of initiating drug use behaviors in the first place. Use of peer educators as well as those with AIDS who had been infected through injection use was suggested as one strategy that might be useful. There was a general belief that this education should start early, including efforts targeted at school children.

In summary, IDU represents a major challenge for HIV prevention programs in Ukraine. Harm reduction requirements include development of innovative strategies to protect IDUs from exposure to HIV-infected blood during drug-using practices. Demand reduction requirements include creative programs for youth. Both must acknowledge the complex socioeconomic changes in Ukraine.
VI. Conclusions

1. There is already a major epidemic of HIV in Ukraine. Although currently largely confined to certain high risk groups, particularly injection drug users, there is considerable likelihood of expansion.

Although HIV/AIDS may have been present in Ukraine since the early 1980's, the epidemic has begun accelerating only in the last few years. The speed at which it appears to be accelerating is of grave concern. Although the greatest burden of HIV infection is currently in injection drug users and prisoners (who themselves may be injection drug users), there is already evidence that the epidemic has begun to spread to other groups through heterosexual transmission and from HIV-infected mothers to their newborns through vertical transmission. Both males and females are already being heavily impacted by the HIV epidemic in IDUs.

The rapid rise of HIV in Ukraine has been recognized by the government. In contrast to government response in some other countries, there is not a denial of the HIV epidemic or the presence of risk groups. Officials whom we spoke with, for example, freely acknowledged the presence of injection drug users and high rates of infection in this group.

The seriousness of the current HIV/AIDS situation should not be underestimated. Although the number of cases of AIDS is currently small, this only reflects the recency with which HIV has exploded in Ukraine, and the long latency period between HIV infection and HIV disease. Experience in other countries has shown that if governments wait until large numbers of AIDS cases are documented, HIV
infection will be well established and much more difficult to impact. In order to slow or reverse current trends, there is a need to intervene forcefully and quickly. The epidemic is already raging, and should be considered by USAID as a public emergency.

2. The current and future epidemic of HIV threatens to involve all other sectors of social and economic life.

One consistent lesson from the global HIV pandemic is that HIV never remains confined to one risk group or social strata. Data in Ukraine indicate that the population most seriously affected by HIV are young adults, who represent the primary workforce. Even among injection drug users, the team identified persons who were members of the workforce. For example, we spoke with an engineer with advanced HIV disease in one AIDS hospital; this individual had started using drugs as an adolescent. As the epidemic spreads to involve commercial sex workers, workers who visit prostitutes may also become infected; this common pattern has been noted in many other countries.

The Ukraine is currently in an economically precarious state, and a major epidemic of HIV could be a major factor in tipping the balance between successful and failed development. The need to divert limited resources and trained personnel from other critical social and economic needs to the care of hundreds of thousands of AIDS patients would even further exacerbate this situation and prevent successful national development.

In addition to the economic consequences, there are also many potential social disasters. As the number of HIV-infected women increases, the number of “AIDS orphans” (children whose mothers and often fathers have died of AIDS) will increase. This will most likely disproportionately fall on the poor, who already have limited resources to deal with this situation.

3. There is currently little expertise in HIV prevention or care in Ukraine, although there is considerable interest in developing such expertise.

There is a need for developing expertise in many areas. One area identified as a high priority for development of expertise is dealing with high-risk groups, particularly injection drug users. A second area for training is development of appropriate precautions for infection control. A partnership in Odessa between the Odessa Oblast Hospital and Coney Island Hospital (in Brooklyn, NY) provides
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an example of how collaboration can be developed to meet these needs. As the large number of HIV-infected people begin to develop HIV-disease, there will be considerable need for support and assistance related to care of such individuals. A major need will be training health care personnel in the management of HIV-disease, including opportunistic infections which are commonly seen in such individuals.

The lack of consistency related to treatment of STDs is discussed in the recommendations below. Briefly, although there is some knowledge of STD treatment, STD care is provided by a variety of individuals using different, and in many cases, suboptimal treatment regimens.

As opposed to many other countries, Ukraine has a large number of individuals with technical or professional training. The general ability to comprehend and appreciate complex social, epidemiologic and medical concepts appears high. Given the human resources present in Ukraine, there is tremendous potential for the successful transfer of expertise in both prevention and care.

4. Prevention and surveillance efforts in Ukraine have been characterized by an overemphasis on HIV testing.

As noted in the section on epidemiology of HIV/AIDS (Section II.), millions of HIV tests per year are performed in the Ukraine. A number of tests are done on donated blood, while many others have been done on a variety of high-risk groups and persons (such as pregnant women) from the general population. When asked why such extensive testing is performed, a common response from government officials is “to know”. In many cases, it is unclear how the results of HIV testing will be used, except to identify and isolate those who are HIV-infected. There is no evidence by Ukrainian officials of a detailed or critical epidemiologic analysis of HIV test data, or indication as to how such an analysis will be used to plan or evaluate control strategies.

The amount of resources devoted to testing is even more notable in light of the limited resources for HIV prevention. A key question is whether the amount of money, equipment and personnel currently devoted to HIV testing is the most cost-effective way to prevent the spread of the HIV epidemic in Ukraine. This does not seem to be the case.

In addition to the number of tests performed, there are concerns about the mechanics of HIV testing. Several years ago, there seemed to be compulsory testing for a large number of at-risk groups. It is notable that the number of
groups for whom routine testing was performed has decreased over the past several years. This seems to be part of an increased sensitivity to human rights issues by health authorities. However, the options for truly anonymous HIV testing in Ukraine appear very limited. Persons in both high-risk groups and the general population expressed concerns about whether results of "confidential testing" would really stay confidential. Given these and other issues, we believe there is a need for a major reevaluation of the role of HIV testing as part of the Ukrainian HIV prevention strategy.

5. There is a general lack of resources for HIV/STD prevention and management.

Lack of resources due to financial constraints was expressed by a number of government and health officials, and confirmed by our personal observations. Examples of limited resources included lack of drugs for treatment of STDs, lack of medical equipment, and lack of drugs for management of HIV disease and its complications. The quality of educational materials and other resources for HIV/STD prevention was often poor, again related to limited finances. Although condoms seem to be generally available, concern was expressed about quality control; the team was told that many of the available condoms were of poor quality.

6. Although there is interest in prevention of HIV/STDs, the number of prevention activities actually supported by government officials in Ukraine is limited.

Within the Ukraine government, the team heard from a number of people who believe in the need for HIV prevention. Government officials or documents have also identified a number of priority areas for HIV prevention activities, including education of youth, and reduction of HIV transmission among IDUs.

However, the government does not seem to have taken an active role in actually implementing HIV/STD prevention activities. Many of the activities currently supported by the government are either clinical or related to identification of those persons who are HIV-infected. Although the government has supported such activities as screening the blood supply, other programs to reduce the spread of HIV and other STDs are not actively supported by the government. Funding for prevention activities sponsored by NGOs is often precarious. Although government officials point to certain programs conducted by NGOs as useful and
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part of HIV prevention activities, it is unclear that this acknowledgment translates into day-to-day backing and promotion.

7. The Ukrainian health sector (including public health) is characterized by duplication and compartmentalization, with limited integration of programs.

In many ways, the health structure in Ukraine is characterized by considerable bureaucracy, with different vertical programs defending their “territory”. For example, in one day, we were told by representatives of three different national bodies that they had the primary responsibility for HIV surveillance. It appears that each program typically focuses only on its assigned area. Although not unique to Ukraine, there does not seem to be major integration of HIV and STD activities. These characteristics mean that the health sector has limited ability to respond rapidly and with flexibility to changing or rapidly emerging public health problems, particularly those which involve more than one health sector. In addition, the response to these problems may involve duplication of effort, wasting limited personnel, equipment and financial resources.

8. Non-governmental organizations provide valuable contributions to HIV and STD prevention in Ukraine.

Although the number of NGOs appears limited, they are making a valuable and major contribution to HIV/STD prevention. Prevention activities identified for the team by government officials (such as the needle exchange program in Odessa) were typically run by NGOs. Outreach in Odessa for female commercial sex workers (with provision of condoms) is another example of important prevention activities. Many NGOs have the primary contact with, and trust of, groups at risk for HIV, as well as persons who are already HIV-infected. NGOs serve a valuable function by often taking the lead in defining and establishing creative prevention programs, and pushing the government and other organizations into adopting a more innovative and proactive agenda. However, NGOs appear to have precarious financial backing (often depending on international funding) and may feel lack of support from more traditional governmental and health officials. This may contribute to the feeling that NGOs are operating alone and “on a shoestring budget”.

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VII. Recommendations For USAID Assistance

In this section, we have identified eight recommendations for USAID assistance to help control the exploding HIV/AIDS/STD epidemic in Ukraine. The team believes that all of these are important and would be of assistance to Ukraine. However, we have identified two that we feel are of particularly critical priority for immediate USAID action. In all of these activities, it is essential that there be a full partnership between outside consultants and Ukrainians. With the assistance of the local mission, key individuals in Ukraine should be included in both the planning and implementation phases. As described throughout this report, we believe that the situation in Ukraine is quite alarming. Rates of HIV are escalating rapidly, and the time to intervene is now.

A. TOP PRIORITIES FOR USAID ACTION

1. USAID should develop and support harm reduction activities in the Ukraine for injection drug users.

We recognize that injection drug users represent a difficult population to work with, and that the issues associated with IDU are complex. However, the fact remains that injection drug users represent the major risk group for HIV infection in the Ukraine, and will continue to fuel the epidemic for many years. There is a critical need to better understand the circumstances promoting high-risk behaviors, the specific factors increasing the risk of HIV infection in the Ukraine
among IDUs, and the impact of different prevention strategies. Critical needs exist in at least two areas:

a. Research: Much of what the team heard about patterns and determinants of high risk behavior among IDUs was anecdotal. There is a need for good behavioral and epidemiologic research. This information is essential for the establishment of effective prevention efforts. For example, studies of behavior change indicate that information alone is insufficient. At the same time, research from other countries indicates that it is possible to work with IDUs to adopt safer behaviors and reduce high-risk activities. There is also a need for good epidemiologic research, including identifying precisely what risk factors are associated with HIV infection. Having this understanding will help Ukraine to more rationally design, implement and evaluate effective prevention strategies.

b. Prevention: While knowledge about the IDU situation is being obtained, it is also essential that prevention efforts be immediately implemented and supported. This acknowledges that the "fire" of HIV/STDs is already burning out of control, and that something needs to be done even as those efforts are evaluated and subsequently refined.

In Ukraine, several organizations have already taken a leadership role in working with IDUs, and promoting prevention activities. For example, in Odessa, the activities of the NGO "Trust, Hope and Love", are of particular note. As noted above, these NGOs have minimal or precarious financial resources, and little if any technical support or guidance. They play a critical role not only for the clients they serve directly, but as a catalyst to the government to introduce effective prevention and care programs.

Our team specifically proposes a two stage action plan. During Phase I (in early 1998) a planning team should be sent to Ukraine to develop an overall strategy for USAID assistance and support related to harm reduction in IDUs. This planning team should have expertise in epidemiology, behavioral science, ethnographic studies, and drug abuse issues (including the sociology of drug use in Eastern Europe). The result of this planning effort would be a detailed proposal for: (1) epidemiologic and behavioral research; and (2) funding current and future prevention activities; this latter proposal would include the names of specific service organizations. During Phase II (in mid-1998), the specific recommendations of this planning team would be implemented. For all activities, specific evaluation criteria would be pre-defined.
VII. RECOMMENDATIONS FOR USAID ASSISTANCE

2. USAID should support a review of the current surveillance system for HIV/AIDS in Ukraine.

Although surveillance activities are the mandate of the Ukrainian government, technical assistance could be provided to review current surveillance practices to: a) suggest changes to bring Ukrainian data collection systems up-to-date with current global recommendations; b) ensure that data collected is appropriate for the stage of the Ukrainian epidemic; and c) make recommendations for the collection of surveillance data essential for planning and evaluating HIV/AIDS prevention programs. These surveillance data could include HIV sentinel surveillance, as well as behavioral sentinel surveillance, as recommended by WHO and the Berlin conference.

There are a number of partner organizations that could be included in this review. These include the European Center for Epidemiologic Monitoring of AIDS, the World Health Organization, and the Centers for Disease Control and Prevention. It is essential that this review include persons from, and be coordinated with, the Ukrainian Ministry of Public Health.

Our team specifically proposes that USAID help support a technical assistance team. During 1998, a 3-4 person team with expertise in HIV/AIDS surveillance, HIV sentinel studies, HIV testing (including counseling and legal issues), and behavioral science, should review and make specific recommendations concerning the Ukrainian surveillance system.

B. NEXT PRIORITY FOR USAID ACTION

3. USAID should develop and support activities in the Ukraine to help youth from initiating high-risk sexual and drug use behaviors.

Many youth in Ukraine initiate sexual intercourse and drug use at an early age. Early intervention is therefore needed to prevent youth from beginning injection drug use ("demand reduction"), and to promote condom use and other safe sexual behaviors. As described above for IDUs, there are needs for both research and prevention activities. Many of the proposed activities could be done by or in partnership with Ukrainians. Partnerships should also be established with UN agencies and other organizations that have already demonstrated an interest in, and commitment to, working with youth.
a. **Research**: There is a need for good behavioral and epidemiologic research concerning risk practices in youth. There is little if any behavioral data in the Ukraine on key issues such as patterns of sexual networking, attitudes toward HIV/AIDS, barrier methods of contraception (and HIV/STD prevention), and patterns of drug use. For example, many of the programs for youth are primarily focused on giving information. However, studies of behavior change indicate that knowledge alone is insufficient, and that other factors (such as perceived vulnerability) are necessary. Having a better understanding of current knowledge, attitudes, beliefs and behaviors of youth will help Ukraine to more rationally design, implement and evaluate effective prevention strategies for youth.

b. **Prevention**: A number of creative strategies for prevention or reduction of high-risk behaviors in youth have been developed. Potential activities include use of mass media, comics and small media materials, training those (including teachers) who have contact with youth about drug prevention and safe sex education, and promotion of activities that involve peer education. Innovative strategies are required. For example, several persons remarked that exposure of youth to young IDUs who already had HIV disease could be dramatic and effective; conversations with IDUs indicated that many would be willing to assist with such programs. In Ukraine, several organizations have identified youth as a high priority area, and an important focus for their prevention efforts. In some cases, however, these organizations have minimal or precarious financial resources, and little if any technical support or guidance.

In addition to those activities indicated above, there appears to be a large problem involving street youth in Ukraine. These youth, who may be at an especially high risk of HIV infection, very likely have special social, economic and support needs. USAID should work with Ukrainian NGOs and health officials to better understand what the needs of these youth are, and what types of interventions might be most effective.

**Our team specifically proposes a two stage action plan.** During Phase I (in early 1998) a planning team should be sent to Ukraine (could be a coordinated effort with the planning team mentioned in first recommendation above) to develop an overall strategy for USAID assistance and support related to prevention of high-risk activities in youth. This planning team should include individuals with expertise in epidemiology, behavioral science, adolescent health, and issues affecting youth in Ukraine. The result of this planning effort would be a detailed proposal for: (1) epidemiologic and behavioral research; and (2) funding current and future prevention activities; this latter proposal would include the names of specific service organizations and projects. During Phase II
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(in mid-1998), the recommendations of this planning team would be implemented. For all activities, specific evaluation criteria would be defined.

C. OTHER PRIORITIES FOR USAID ACTION

4. USAID should promote different mechanisms of information transfer to link Ukraine with current knowledge and expertise related to HIV/STD prevention and management.

There is a strong need to link Ukraine with current "state of the art" information on a variety of topics including prevention programs, clinical practice, current scientific and social science research findings, activities of other NGOs, and treatment and infection control guidelines. It is critical that this information not be centralized or provided only to a limited few, but be made available to those at the local level and those in both governmental and nongovernmental positions. Potential vehicles for transfer of information and expertise include: promoting greater access to the Internet; providing selected journals, textbooks and conference proceedings; conducting seminars; and providing examples of information, education and communication materials for mass media.

The team specifically suggests that discussions begin with the local USAID mission to identify the most critical needs and sites where this information would be distributed, as well as to determine which mechanisms would be most useful. The actual transfer of information should begin in 1998.

5. USAID should support the activities of NGOs that have taken a leadership position in HIV/STD prevention.

The critical role of NGOs and their need for financial and technical assistance have been already described. In addition to the organizations mentioned above, other NGOs are providing important and necessary services. For example, the NGO "We are With You" provides medical and legal counseling, information and social support to persons with HIV/AIDS. The viability of many of these NGOs is in question, and without a sustained source of funding, they may not be able to continue their critically important work.

We specifically suggest that beginning in 1998, USAID provide financial and selected technical assistance to 3-4 NGOs which are already working in the HIV/AIDS field, and have a demonstrated capability to reach important at-risk

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populations. We suggest that USAID then provide assistance to 8-10 other NGOs which have not yet begun work in this area but which show potential and interest in making valuable contributions.

6. USAID should support efforts to optimize and provide standard guidelines for STD diagnosis and treatment.

STDs are associated with considerable morbidity. Many patients with STDs (particularly those who are asymptomatic) may be undiagnosed. Chronic or recurrent STDs which are improperly treated may lead to infertility, ectopic pregnancies, and other serious complications in women. Congenital syphilis may cause life-long sequelae. The increased risk of HIV infection associated with ulcerative STDs such as syphilis and herpes is well recognized. Nonulcerative STDs such as gonorrhea and chlamydia may also facilitate HIV transmission.

In Ukraine, there is considerable variability in diagnosis and treatment of STDs. Some common STDs, such as gonorrhea and chlamydia, may be greatly underdiagnosed. Patients go to a variety of individuals (including friends and other unskilled practitioners) for STD treatment; some patients self-medicate using antibiotics available over the counter. The reported treatment for a variety of STDs was sometimes incorrect or suboptimal. There is insufficient information about antibiotic resistance, and treatment regimens may be used which foster propagation of resistant strains. Disenfranchised populations, such as female sex workers, can pay exorbitant rates for “private” treatment of STDs.

WHO has taken a major interest in STD diagnosis and treatment, and the government efforts which WHO recommends should be supported. Although it is controversial in Ukraine whether a syndromic approach should be adopted, there is no doubt that a review and revision of current STD management policy is needed.

We specifically suggest that during 1998, USAID work with and provide funding in collaboration with WHO on two areas. The first is for a nation-wide survey evaluating current STD management practices, and otherwise evaluating the current STD situation. The second, in coordination with health officials in Ukraine, is for promotion of standard guidelines for STD diagnosis and treatment.
7. USAID should support behavioral research in Ukraine, including research on at-risk populations such as injection drug users and adolescents.

The importance of behavioral research related to IDUs and youth has already been discussed. There is little if any behavioral data in Ukraine on key issues such as patterns of sexual networking, attitudes toward HIV/AIDS and persons with HIV/AIDS, barrier methods of contraception (and HIV/STD prevention), and drug use. As already mentioned, this information is critical for establishment of effective prevention efforts. We suggest that USAID support (through both funding and technical support) behavioral research on at-risk populations in Ukraine. These activities should be integrated with other recommendations described above. USAID should identify appropriate research institutions and researchers with an interest in these areas.

One logical approach would be to initially fund in 1998 a seminar in Ukraine (with external technical assistance) to collect and review existing studies and identify priority areas for behavioral research. This should be done in conjunction with local personnel (including representatives from the government, health sector and NGOs), as well as representatives from international agencies such as UNAIDS. Based on this evaluation, USAID could then commission further studies on selected research themes and provide technical assistance for designing the protocols, implementing the studies, analyzing the findings, disseminating the results and translating these results into the program and policy arena.

8. USAID should support efforts to prevent development of selected opportunistic infections in HIV-infected patients.

Most of the previous recommendations focus on prevention of HIV infection, a critically important health priority. However, attention should also be given to the approximately 100,000-200,000 Ukrainians who are currently thought to be already HIV-infected. There are needs in a number of areas. Antiretroviral therapies such as zidovudine, other reverse transcriptase inhibitors, and protease inhibitors are essentially unavailable for the great majority of HIV-infected persons. Facilities for diagnosis and treatment of most opportunistic infections and HIV-associated malignancies are severely limited.

In addition, guidelines from the U.S. Public Health Service and other health institutions for HIV-infected persons include prophylaxis for certain opportunistic infections. Many health providers in Ukraine are not familiar with these recommendations. In addition, recommendations developed for one country may...
not be as relevant for another if a given opportunistic infection (such as Pneumocystis pneumonia) is uncommon. There is therefore a need for data on the spectrum of HIV-diseases in Ukraine to help determine the most important priorities for prevention of opportunistic infections. Two serious infections may be particularly appropriate to consider for prevention in HIV-infected persons.

a. **Pneumococcal disease** can be prevented by a single dose of vaccine. Pneumococcal disease has been identified as a significant problem among a variety of HIV-infected groups, including IDUs in this country and patients in many developing countries. The current vaccine affords protection against 23 strains that cause most of the invasive pneumococcal disease.

b. **Tuberculosis** represents an important epidemic in its own right which will be exacerbated by the HIV epidemic. Current recommendations in the U.S. are to screen all HIV-infected patients with a tuberculin skin test. Those with a positive (>5 mm induration) response who do not have active TB disease are typically placed on 6 months of chemoprophylaxis with isoniazid (INH) to avoid progression of latent infection to active disease.

We suggest that during 1998, USAID explore with Ukrainian health officials and the local USAID mission, ways in which such information could be disseminated to the Ukrainian health community, and strategies for implementing programs to prevent these and other important opportunistic infections in HIV-infected individuals. Since most HIV-infected patients are currently seen in a limited number of clinical facilities, pilot studies to evaluate the efficacy of such prevention programs could be implemented. It would be logical to begin these programs in those oblasts that currently have the greatest number of HIV-infected individuals. Although these activities may seem unusual for USAID support, we believe that they are consistent with the development of new and creative ways to bridge the prevention care gap.
Annexes
Annex A: Persons Interviewed

USAID

Catherine Fisher, Health Program Advisor,
United States Agency for International Development Office for Ukraine, Moldova and Belarus

Alina Yurova, Health Program Coordinator,
United States Agency for International Development Office for Ukraine, Moldova and Belarus

Ukraine National Government

Sergey Petrovich Berezhnov, Chief of Sanitary Epidemiology Department,
Ukrainian Ministry of Health

Valery Ivasiuk, Chairman,
National Committee on the Prevention of Drug Abuse and AIDS

Yuriy Kruglov, Head of Laboratory of Epidemiology,
National Research Institute for Epidemiology and Infectious Diseases

Michael Melnichenko, Chief Physician
Ukrainian State Center for Disease Surveillance

Liudmila Sergeyevna Nekrasova, First Deputy Minister and Main State Sanitary Doctor
Ukrainian Ministry of Health

Leonard Nesterenko, Epidemiologist,
Ukrainian State Center for Disease Surveillance

Anatoliy Grigoriyevich Padchenko, Deputy Chief of Sanitary Epidemiology Department,
Ukrainian Ministry of Health
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Alla Scherbinskaya, Head of Ukranian Center for Prevention of AIDS, National Research Institute for Epidemiology and Infectious Diseases

Olga Selnikova, Director, National Research Institute for Epidemiology and Infectious Diseases

Natalia Semenova, Chief of Virology Laboratory, Ukranian State Center for Disease Surveillance

Local Government or Health Officials

Valentina Andreyevna, Head of Epidemiology Department Belgorog-Duestrovsky Rayon Sanitary Epidemiology Station

Yuriy Anatoleyevich Boschenko, Head Physician, Center for AIDS Prevention, Odessa

Ivan Saveleyevich Fuchidzhi, Chief of the Department of Infectious Diseases, Odessa Region Sanitary Epidemiology Station

Alexandre Ganul, Deputy Chief Doctor, AIDS Center, Crimean Sanitary Epidemiology Station

Vladimir Grusin, Deputy Chief Doctor, AIDS Center, Crimean Sanitary Epidemiology Station

Galina Ivanovna, Doctor Epidemiologist Belgorog-Duestrovsky Rayon Sanitary Epidemiology Station

Igor Volodim Livshits, Head Obstetrician and Gynecologist, Crimean Department of Marriage and Family

Galina Mikhailova, Deputy Minister of Health Crimean Sanitary Epidemiology Station

Tatiana Nepomnyachshaya, Epidemiologist, AIDS Center, Crimean Sanitary Epidemiology Station

Vladimir Alexekeyevich Oleynik, Chief Sanitary Doctor Belgorog-Duestrovsky Rayon Sanitary Epidemiology Station

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Tatiana Pozhazischenenskaya, Doctor of Gynecology,
Crimean Department of Marriage and Family

Trina Rybka, Laboratory Specialist,
Crimean Department of Marriage and Family

Olge Tretiakova, Deputy Minister of Health
Crimean Sanitary Epidemiology Station

Lora Vylegzhania, Doctor of Prevention, AIDS Center,
Crimean Sanitary Epidemiology Station

Lubov I. Zasypka, Chief State Sanitary Doctor
Odessa Region Sanitary Epidemiology Station

Oleg Zalata, Chief Specialist, AIDS Center,
Crimean Sanitary Epidemiology Station

Non-Governmental Organizations (NGOs)

Natalia Fedorychyn,
Radio Lux (FM 103.1), Kiev

Serge Khavstov, Volunteer,
Trust, Hope and Love, Odessa

Boris Lazorenko, Psychologist,
We Are With You, Kiev

Sergey Valentinovich Maynov, Head of the Center,
Trust, Hope and Love, Odessa

Tatyana Yevgeneyevna Semikop, Manager for UNAIDS and UNICEF programs,
Trust, Hope and Love, Odessa

Genadii Yarotzkii, Student Volunteer,
We Are With You, Kiev

Oleg Yarozskii, President,
We Are With You, Kiev
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International Health Agencies

Lev Khodakevich, Country Programme Advisor,
Joint United Nations Programme of HIV/AIDS (UNAIDS), Ukraine

Olena Sichkar, National Programme Officer,
United Nations Development Programme (UNDP), Ukraine

Alla Solovieva, Programme Officer,
United Nations Children's Fund (UNICEF), Ukraine

Iouri V. Soubbotine, National Professional Officer,
World Health Organization (WHO) Liason Office, Ukraine

Other Agencies

Barbara Cook, Program Officer (assigned to Ukraine during assessment)
Program for Appropriate Technology in Health (PATH), Seattle
Annex B: Major Documents Reviewed

Documents Related to Ukraine

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of the Additional Measures to strengthen the fight against drug addiction expansion and AIDS in Ukraine. October 10, 1997

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